



MARYLAND Department of Health

Public Health Preparedness and Situational Awareness Report: #2020:45

Reporting for the week ending 11/07/20 (MMWR Week #45)

November 13th, 2020

CURRENT HOMELAND SECURITY THREAT LEVELS

National: No Active Alerts

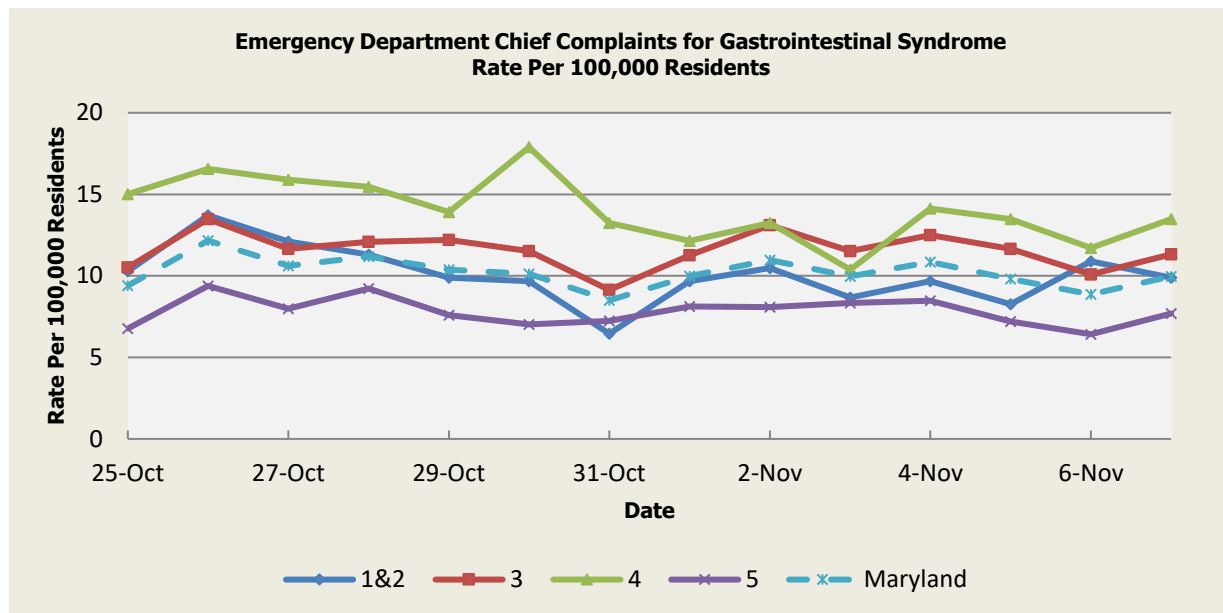
Maryland: **ENHANCED** (MEMA status)

SYNDROMIC SURVEILLANCE REPORTS

ESSENCE (Electronic Surveillance System for the Early Notification of Community-based Epidemics): Graphical representation is provided for all syndromes (excluding the “Other” category; see Appendix 1) by Health and Medical Regions (See Appendix 2). Emergency department chief complaint data is presented as rates per 100,000 residents using data from the 2010 census. Electronic Surveillance System for the Early Notification of Community-Based Epidemics (ESSENCE). Baltimore, MD: Maryland Department of Health; 2020.

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Gastrointestinal Syndrome



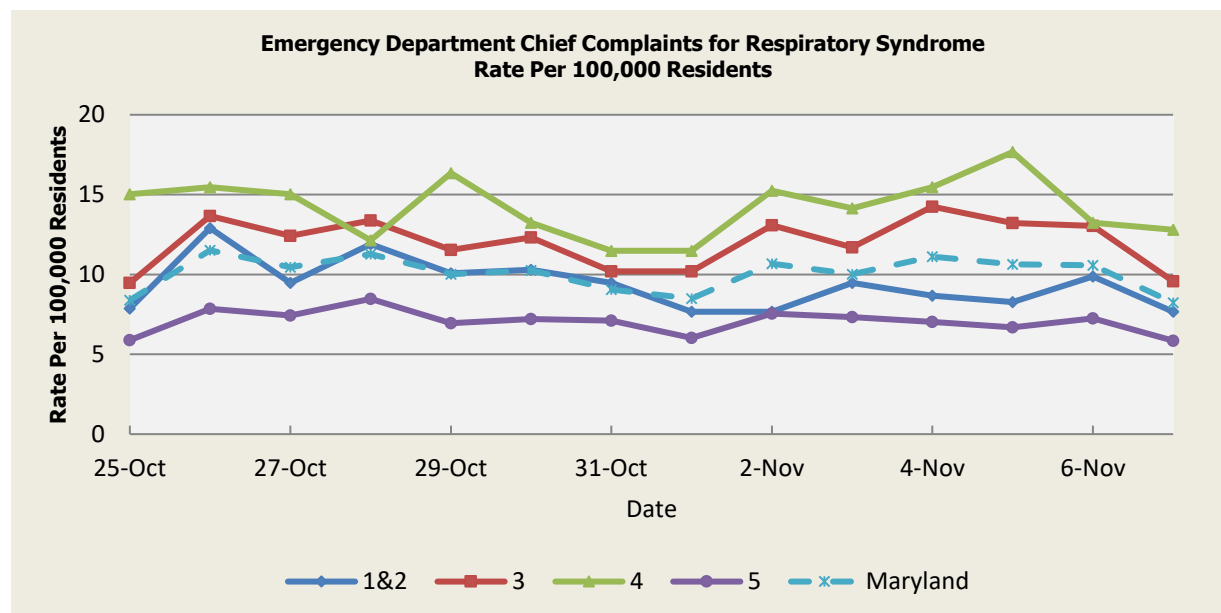
There were no Gastrointestinal Syndrome outbreaks reported this week.

Gastrointestinal Syndrome Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	13.21	14.86	15.85	10.14	12.99
Median Rate*	13.11	14.72	15.46	10.08	12.95

** Per 100,000 Residents*

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Respiratory Syndrome



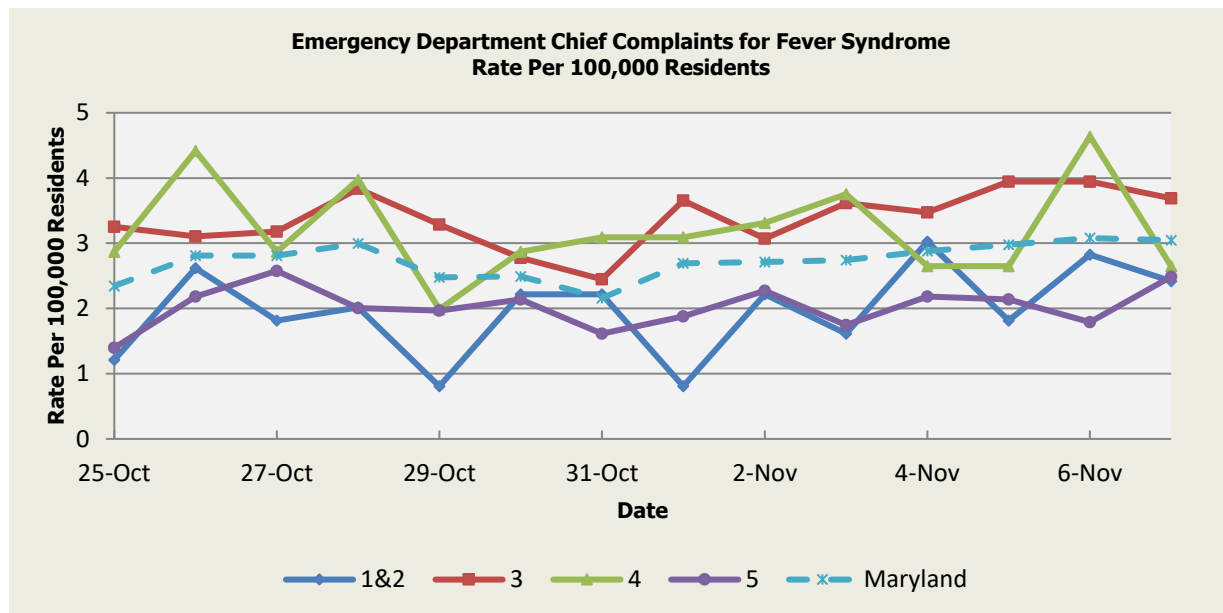
There were one hundred and twenty (120) Respiratory Syndrome outbreaks reported this week: Twenty-seven (27) outbreaks of COVID-19 in Assisted Living Facilities (Regions 1&2,3,4,5), six (6) outbreaks of COVID-19 in Correctional Facilities (Regions 1&2,3,4), eight (8) outbreaks of COVID-19 in Daycare Centers (Regions 1&2,3,4,5), twenty-four (24) outbreaks of COVID-19 in Group Homes (Regions 1&2,3,5), eleven (11) outbreaks of COVID-19 in Hospitals (Regions 3,5), sixteen (16) outbreaks of COVID-19 in Nursing Homes (Regions 1&2,3,5), one (1) outbreak of COVID-19 in a Recreational Facility (Regions 1&2), one (1) outbreak of COVID-19 in a Religious Organization (Region 5), one (1) outbreak of COVID-19 in a Residential Children's Home (Regions 1&2), twelve (12) outbreaks of COVID-19 in Schools (Regions 1&2,3,4,5), four (4) outbreaks of COVID-19 in Shelters (Regions 3,5), two (2) outbreaks of COVID-19 in Substance Abuse Treatment Programs (Region 3), two (2) outbreaks of COVID-19 in Institutions of Higher Education (Region 3), four (4) outbreaks of COVID-19 in Workplaces (Regions 1&2,3,4), one (1) outbreak of ILI in an Assisted Living Facility (Region 3).

Respiratory Syndrome Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	12.44	14.76	15.17	9.99	12.77
Median Rate*	12.00	14.10	14.35	9.60	12.21

* Per 100,000 Residents

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Fever Syndrome



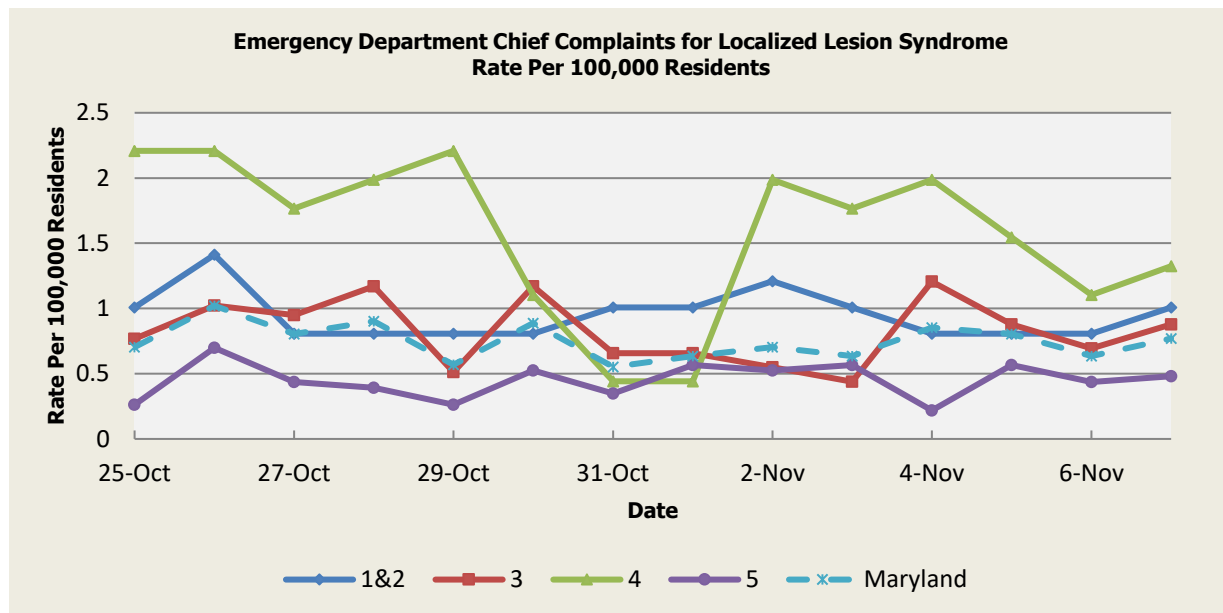
There were no Fever Syndrome outbreaks reported this week.

Fever Syndrome Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	3.06	3.90	4.13	3.03	3.51
Median Rate*	3.02	3.76	3.97	2.92	3.38

**Per 100,000 Residents*

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Localized Lesion Syndrome



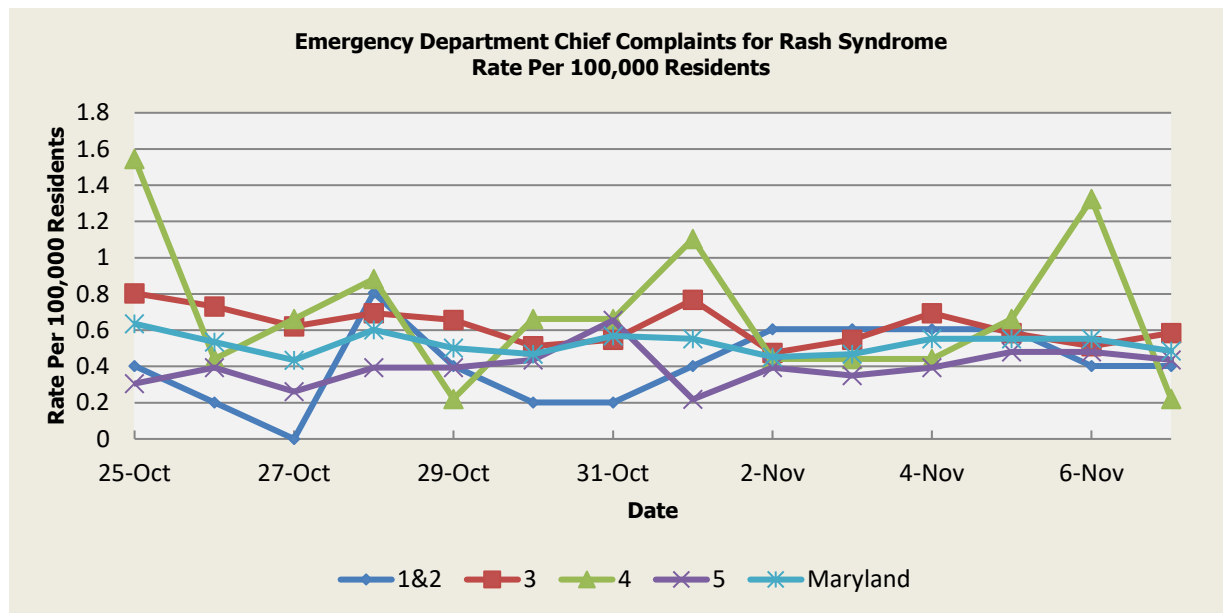
There were no Localized Lesion Syndrome outbreaks reported this week.

Localized Lesion Syndrome Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	1.16	1.71	1.99	0.87	1.37
Median Rate*	1.01	1.64	1.99	0.83	1.32

* Per 100,000 Residents

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Rash Syndrome



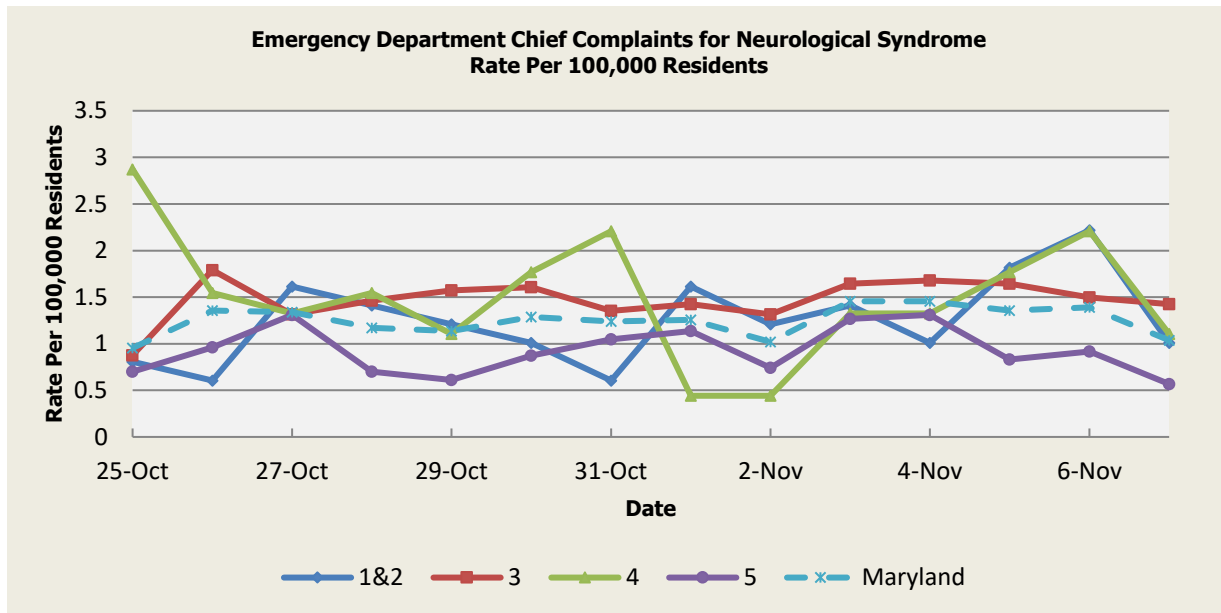
There were no Rash Syndrome outbreaks reported this week.

Rash Syndrome Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	1.21	1.60	1.69	0.93	1.32
Median Rate*	1.21	1.53	1.55	0.92	1.29

* Per 100,000 Residents

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Neurological Syndrome



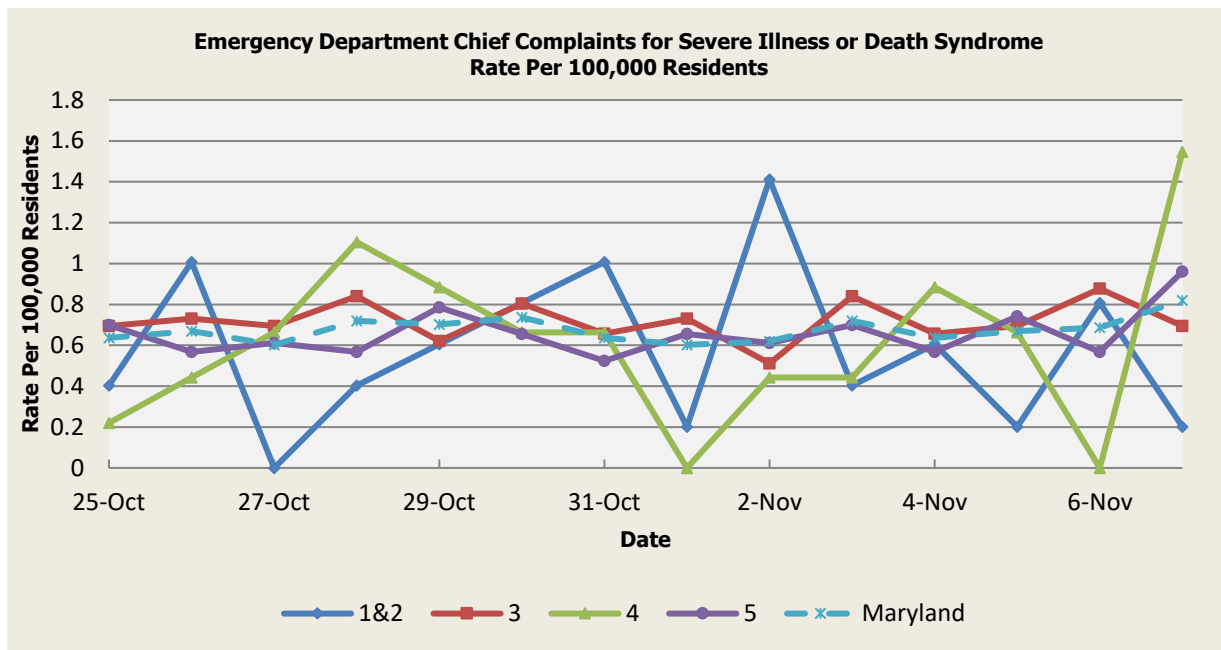
There were no Neurological Syndrome outbreaks reported this week.

Neurological Syndrome Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	0.82	1.00	0.93	0.64	0.84
Median Rate*	0.81	0.95	0.88	0.61	0.80

* Per 100,000 Residents

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Severe Illness or Death Syndrome



There were no Severe Illness or Death Syndrome outbreaks reported this week.

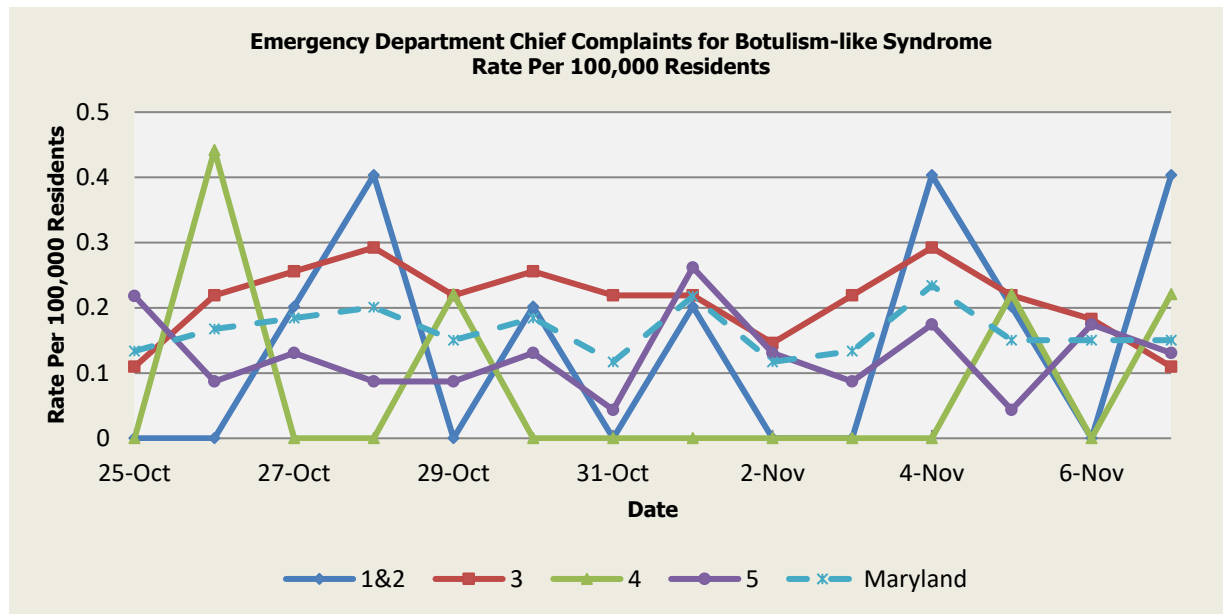
Severe Illness or Death Syndrome Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	0.65	0.88	0.84	0.54	0.73
Median Rate*	0.60	0.84	0.88	0.52	0.70

* Per 100,000 Residents

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SYNDROMES RELATED TO CATEGORY A AGENTS

Botulism-like Syndrome



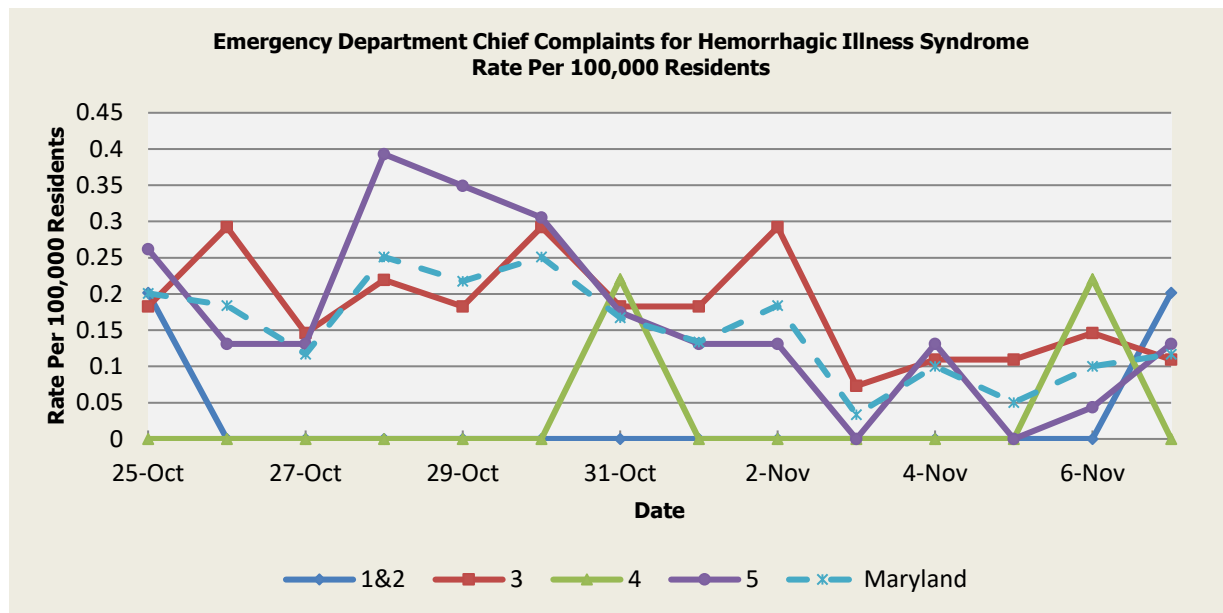
There was an appreciable increase above baseline in the rate of ED visits for Botulism-like Syndrome on, 10/25 (Region 5), 10/26 (Region 4), 10/27 (Regions 1&2), 10/28 (Regions 1&2,3), 10/29 (Region 4), 10/30 (Regions 1&2), 11/01 (Regions 1&2,5), 11/04 (Regions 1&2,3), 11/05 (Regions 1&2,4), 11/07 (Regions 1&2,4). These increases are not known to be associated with any outbreaks.

Botulism-like Syndrome Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	0.08	0.13	0.06	0.09	0.11
Median Rate*	0.00	0.11	0.00	0.09	0.10

* Per 100,000 Residents

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Hemorrhagic Illness Syndrome



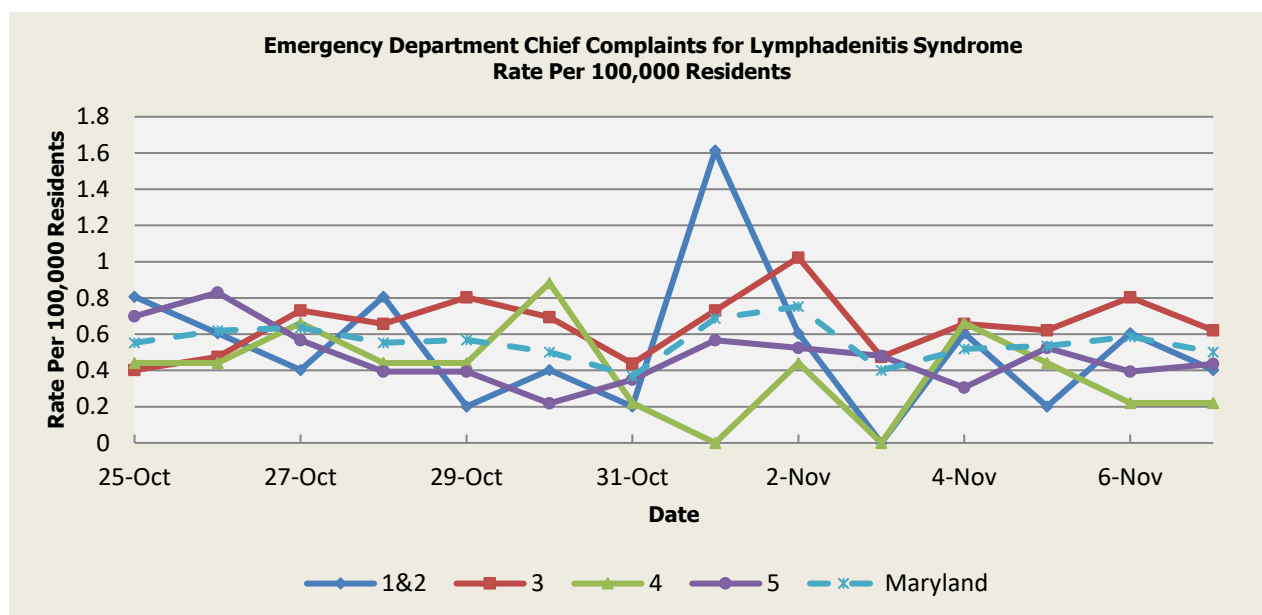
There was an appreciable increase above baseline in the rate of ED visits for Hemorrhagic Illness Syndrome on, 10/25 (Regions 1&2), 10/28 (Region 5), 10/29 (Region 5), 10/30 (Region 5), 10/31 (Region 4), 11/06 (Region 4), 11/07 (Regions 1&2). These increases are not known to be associated with any outbreaks.

Hemorrhagic Illness Syndrome Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	0.05	0.17	0.04	0.15	0.14
Median Rate*	0.00	0.11	0.00	0.09	0.10

* Per 100,000 Residents

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Lymphadenitis Syndrome



There was an appreciable increase above baseline in the rate of ED visits for Lymphadenitis Syndrome on, 10/25 (Regions 1&2), 10/26 (Region 5), 10/28 (Regions 1&2), 10/30 (Region 4), 11/01 (Regions 1&2). These increases are not known to be associated with any outbreaks.

Lymphadenitis Syndrome Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	0.39	0.60	0.41	0.40	0.49
Median Rate*	0.40	0.55	0.44	0.35	0.47

* Per 100,000 Residents

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MARYLAND REPORTABLE DISEASE SURVEILLANCE

Coronavirus Disease 2019 (COVID-19) Situation Summary

On March 5th, 2020, the Maryland Department of Health announced the first cases of coronavirus disease 2019 (abbreviated COVID-19) in the State of Maryland.

Confirmed COVID-19 Case Counts in Maryland by County (As of November 13th, 2020)

County	Number of Confirmed Cases
Allegany	1,399
Anne Arundel	13,751
Baltimore City	20,197
Baltimore County	23,682
Calvert	1,341
Caroline	798
Carroll	2,615
Cecil	1,539
Charles	3,616
Dorchester	898
Frederick	5,441
Garrett	240
Harford	4,408
Howard	6,656
Kent	369
Montgomery	28,385
Prince George's	35,666
Queen Anne's	885
Somerset	529
St. Mary's	1,670
Talbot	689
Washington	2,875
Wicomico	2,800
Worcester	1,320
Total	161,769

The most up-to-date information may be found on the Maryland Department of Health website at <https://coronavirus.maryland.gov>.

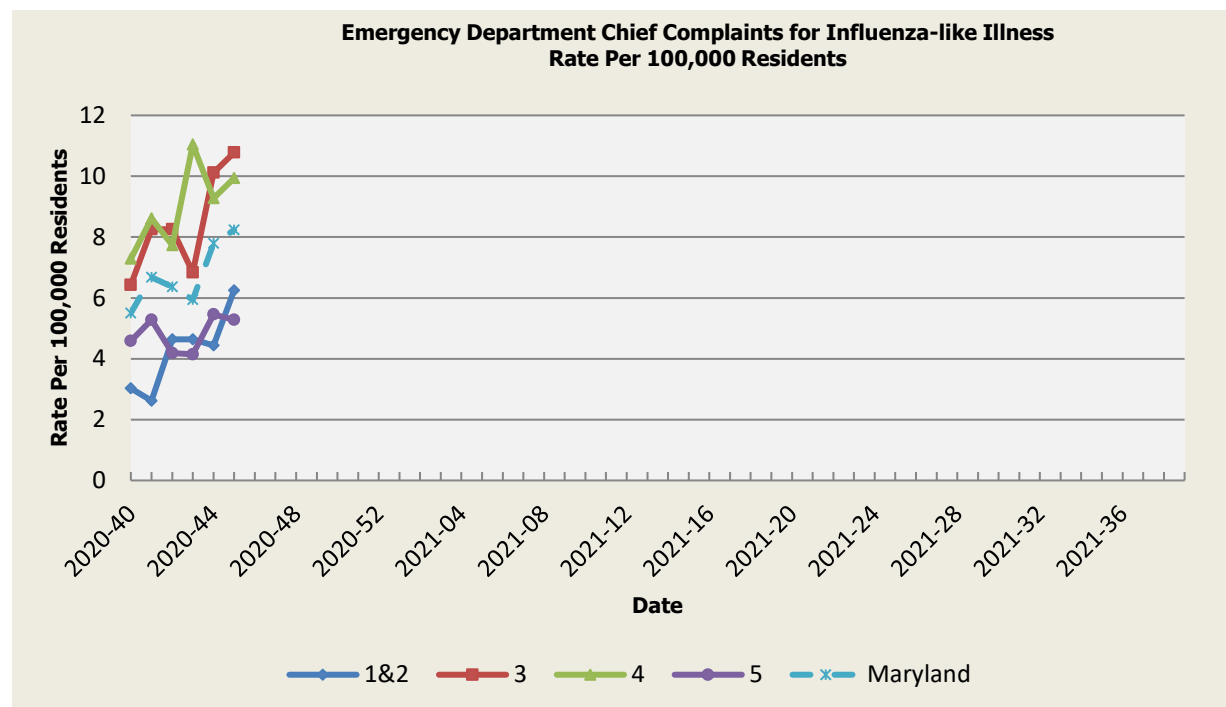
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SYNDROMIC INFLUENZA SURVEILLANCE

Seasonal Influenza reporting occurs from MMWR Week 40 through MMWR Week 20 (October 2020 through May 2021). Due to the COVID-19 pandemic, influenza reporting will be extended to the beginning of the 2021-2022 reporting season (MMWR Week 40/Week Ending October 9, 2021).

Seasonal Influenza activity for Week 45 was: Minimal

Influenza-like Illness

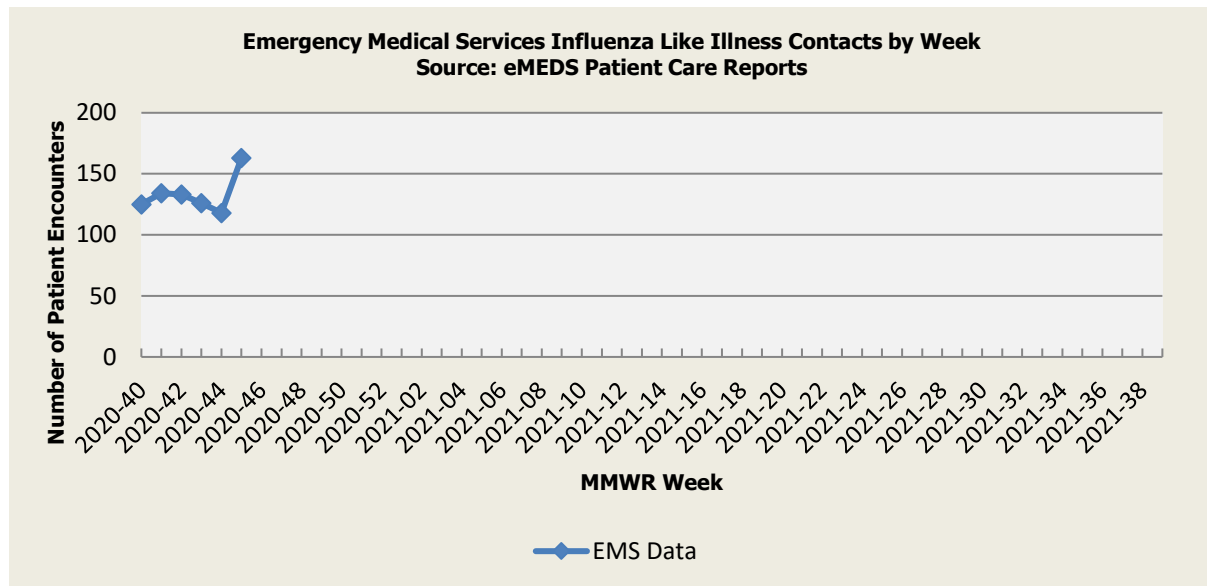


Influenza-like Illness Baseline Data Week 1 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	10.26	14.09	13.41	11.88	12.88
Median Rate*	7.66	10.38	9.50	8.82	9.49

* Per 100,000 Residents

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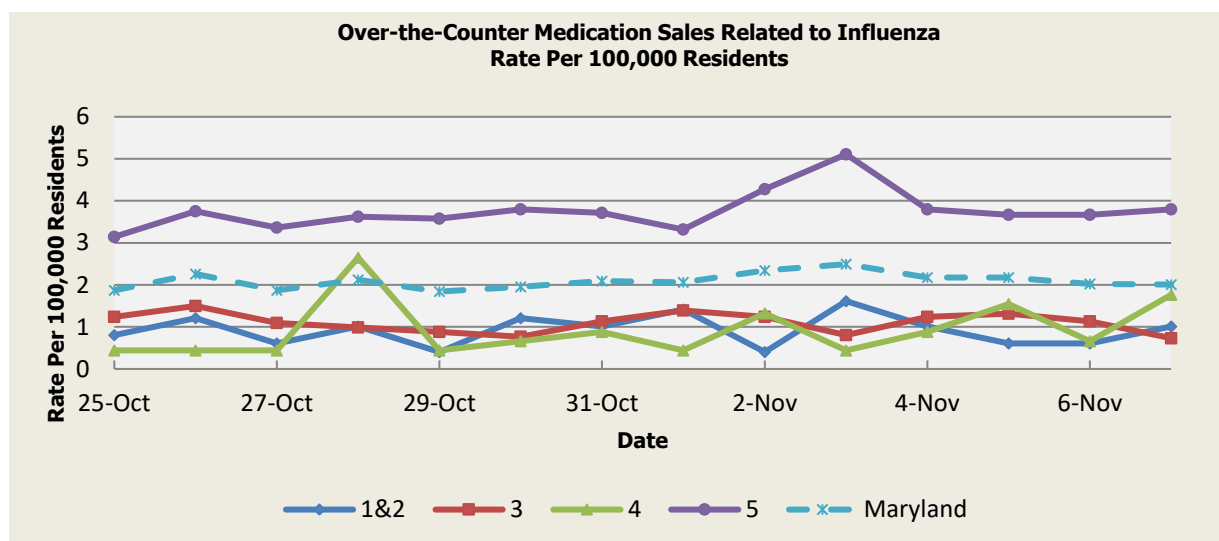
Influenza-like Illness Contacts by Week



Disclaimer on eMEDS flu related data: These data are based on EMS Pre-hospital care reports where the EMS provider has selected “flu like illness” as a primary or secondary impression of a patient’s illness. This impression is solely based on the signs and symptoms seen by the provider, not on any diagnostic tests. Since these numbers do not include all primary or secondary impressions that may be seen with influenza the actual numbers may be low. These data are reported for trending purposes only.

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Over-the-Counter Influenza-Related Medication Sales



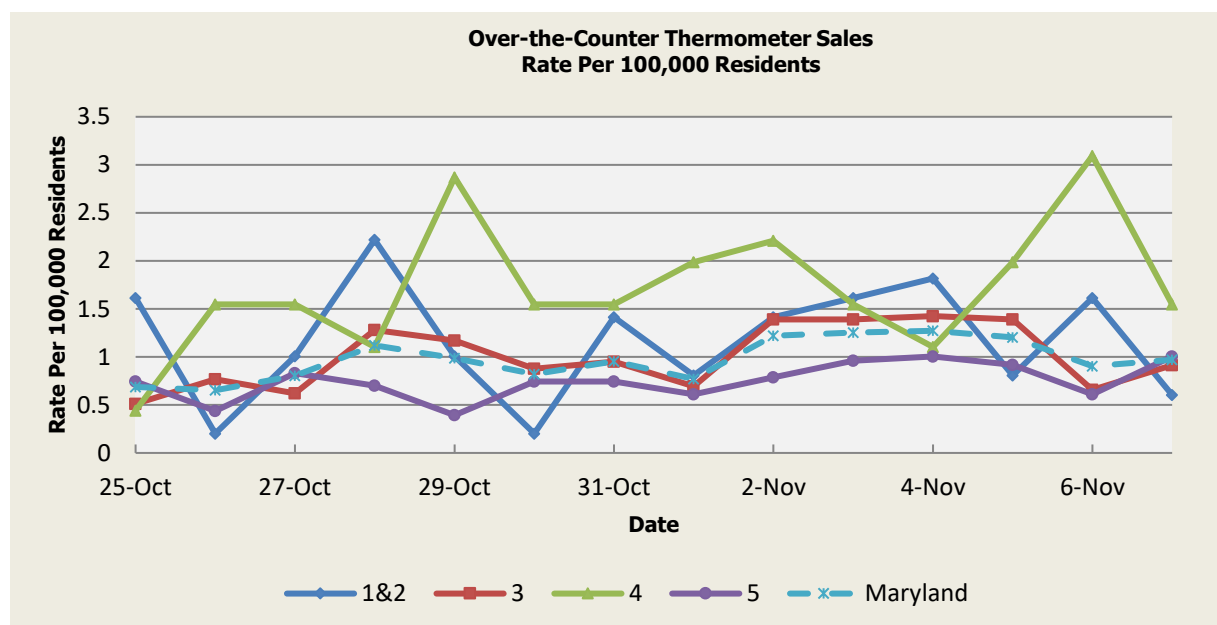
There was no appreciable increase above baseline in the rate of OTC Medication Sales during this reporting period.

OTC Medication Sales Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	3.27	4.17	2.56	7.49	5.25
Median Rate*	2.62	3.22	2.21	6.68	4.47

* Per 100,000 Residents

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Over-the-Counter Thermometer Sales



There was no appreciable increase above baseline in the rate of OTC Thermometer Sales during this reporting period.

Thermometer Sales Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	2.73	2.59	2.10	3.43	2.88
Median Rate*	2.42	2.56	1.99	3.43	2.91

* Per 100,000 Residents

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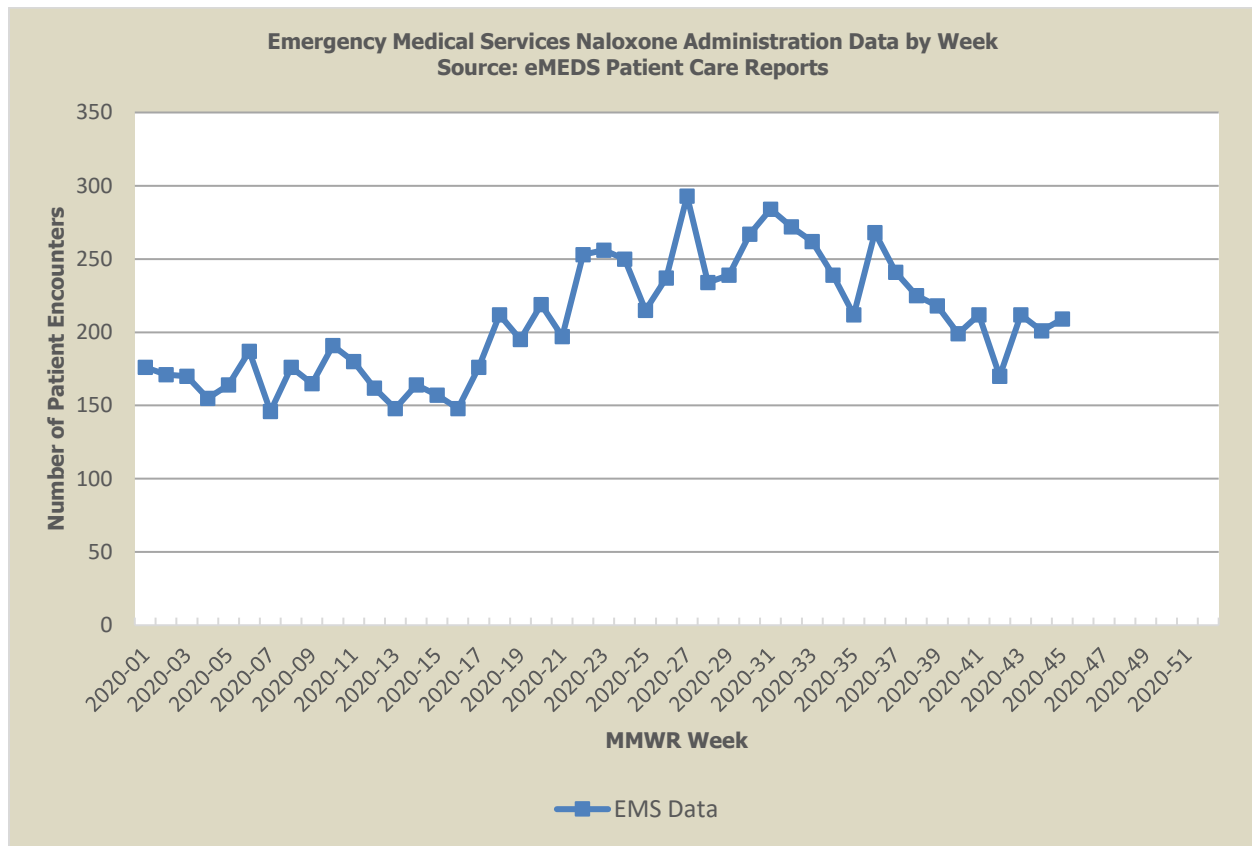
SYNDROMIC OVERDOSE SURVEILLANCE

The purpose of this section is to characterize non-fatal ED visit trends for acute unintentional overdose by Heroin, Opioid or Unspecified substance among Maryland residents captured by ESSENCE data, including chief complaint and discharge diagnosis. ED visits that are identified as unintentional overdose by Heroin, Opioid or Unspecified substance include those with medical and non-medical use of a prescription Opioid or where the substance is not specified, given evidence that most fatal overdoses are Opioid-related.

In preparation for the release of new ESSENCE queries for identifying heroin, opioid and all drug overdoses, please note that we have removed the data chart showing unintentional overdose rates by heroin, opioid, or unspecified substances. These new data, when available, will be presented below.

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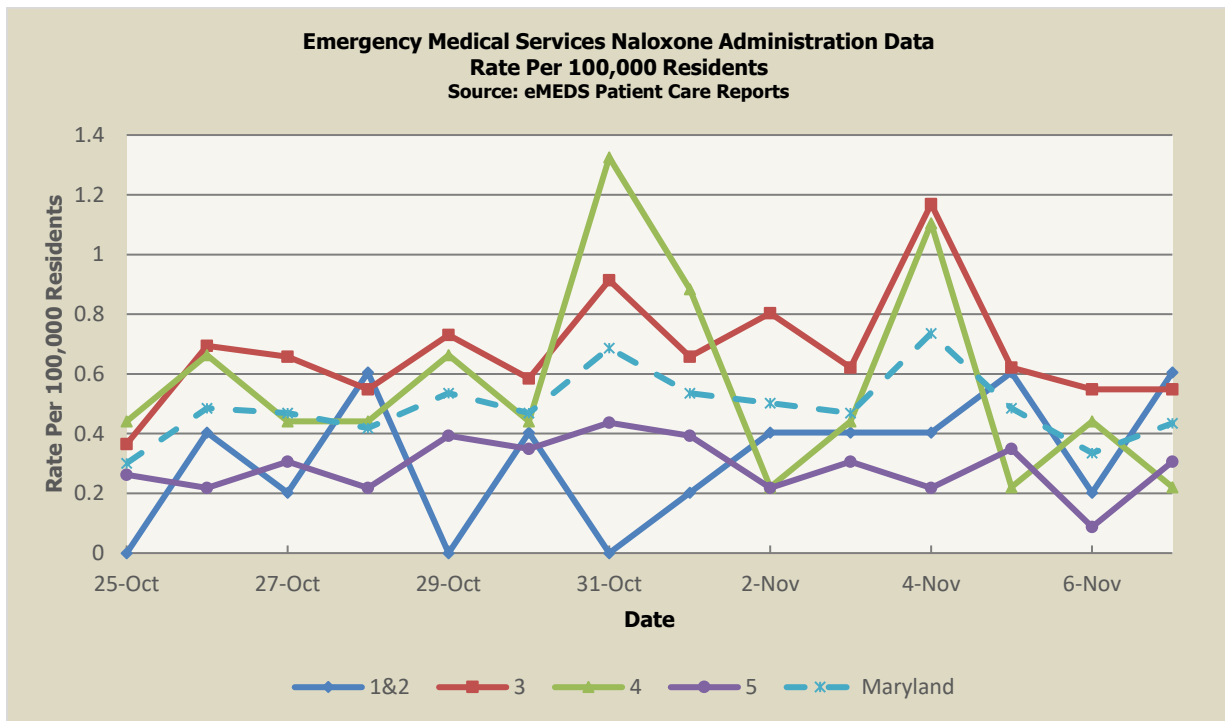
Naloxone Administration Data by Week



Disclaimer on eMEDS naloxone administration related data: These data are based on EMS Pre-hospital care reports where the EMS provider has documented that they administered naloxone. The administration of naloxone is based on the patient's signs and symptoms and not on any diagnostic tests. These data are reported for trending purposes only.

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Naloxone Administration Data



Disclaimer on eMEDS Naloxone administration related data: These data are based on EMS Pre-hospital care reports where the EMS provider has documented that they administered naloxone. The administration of naloxone is based on the patient's signs and symptoms and not on any diagnostic tests. These data are reported for trending purposes only.

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PANDEMIC INFLUENZA UPDATE / AVIAN INFLUENZA-RELATED REPORTS

WHO update: The current WHO phase of pandemic alert for avian influenza is ALERT. Currently, the avian influenza H5N1 virus continues to circulate in poultry in some countries, especially in Asia and northeast Africa. This virus continues to cause sporadic human infections with some instances of limited human-to-human transmission among very close contacts. There has been no sustained human-to-human or community-level transmission identified thus far.

Influenza A (H7N9) is one of a subgroup of influenza viruses that normally circulate among birds. Until recently, this virus had not been seen in people. However, human infections have now been detected. Presently, there is limited information about the scope of the disease the virus causes and about the source of exposure. The disease is of concern because most patients have been severely ill. There is no indication thus far that it can be transmitted between people, but both animal-to-human and human-to-human routes of transmission are being actively investigated.

Alert phase: This is the phase when influenza caused by a new subtype has been identified in humans. Increased vigilance and careful risk assessment, at local, national, and global levels are characteristic of this phase. If the risk assessments indicate that the new virus is not developing into a pandemic strain, a de-escalation of activities towards those in the interpandemic phase may occur. As of November 13th, 2020, the WHO-confirmed global total (2003-2020) of human cases of H5N1 avian influenza virus infection stands at 861, of which 455 have been fatal. Thus, the case fatality rate for human H5N1 is approximately 53%.

AVIAN INFLUENZA

AVIAN INFLUENZA (GERMANY), 12 November 2020, Information received on [and dated] 11 Nov 2020 from Dr. Dietrich Rassow, Director for Animal Health, Chief Veterinary Officer, Berlin, Germany. Read More: <https://promedmail.org/promed-post/?id=7938775>

AVIAN INFLUENZA (JAPAN), 9 November 2020, Information received on 6 Nov 2020 from Dr Norio Kumagai, Director, Chief Veterinary Officer, Ministry of Agriculture, Forestry and Fisheries, Tokyo, Japan. Read More: <https://promedmail.org/promed-post/?id=7928569>

AVIAN INFLUENZA (SOUTH KOREA), 7 November 2020, Highly pathogenic influenza A viruses (infection with) (non-poultry including wild birds), Korea (Rep. of). Read More: <https://promedmail.org/promed-post/?id=7924133>

AVIAN INFLUENZA (DENMARK), 7 November 2020, Highly pathogenic influenza A viruses (infection with) (non-poultry including wild birds), Denmark. Read More: <https://promedmail.org/promed-post/?id=7924131>

HUMAN AVIAN INFLUENZA

There were no relevant human avian influenza reports this week

NATIONAL DISEASE REPORTS

E. COLI EHEC (MULTISTATE), 11 November 2020, CDC, public health and regulatory officials in several states, and the FDA are investigating a multistate outbreak of _E. coli_ O157:H7 infections. Read More: <https://promedmail.org/promed-post/?id=7935269>

VIBRIO VULNIFICUS (FLORIDA), 10 November 2020, Florida state health officials have reported more _Vibrio vulnificus_ cases and deaths than in 2020 than was reported in 2019, according to the latest data. Read More: <https://promedmail.org/promed-post/?id=7932495>

BOTULISM (CALIFORNIA), 10 November 2020, The Los Angeles County Health Department is reporting an increase in wound botulism cases linked to heroin injection in recent months. Read More: <https://promedmail.org/promed-post/?id=7932451>

MURINE TYPHUS (CALIFORNIA), 9 November 2020, When a 25-year-old man from Southern California experienced headaches, fever, chills, and muscle pain in July [2020], the 1st thing his doctor did was test him for COVID-19. Read More: <https://promedmail.org/promed-post/?id=7928755>

CYCLOSPORIASIS (MULTISTATE), 8 November 2020, The FDA has sent a Fresh Express_Cyclosporia_ warning letter as part of the investigation into the multistate foodborne illness outbreak of cyclosporiasis in the summer of 2020. Read More: <https://promedmail.org/promed-post/?id=7926604>

RABIES (MULTISTATE), 8 November 2020, A local woman is being treated preemptively for possible exposure to rabies after she fended off a coyote. Read More: <https://promedmail.org/promed-post/?id=7925072>

INTERNATIONAL DISEASE REPORTS

CORONAVIRUS DISEASE 2019 UPDATE (GLOBAL), 12 November 2020, In the past 24 hours, the USA (149 446), India (48 285), and Brazil (47 724), have been dominant. A global total of 10 345 deaths were reported in the past 24 hours (10-11 Nov 2020). The global total is now above 52.4 million cases. Read More: <https://promedmail.org/promed-post/?id=7937412>

YELLOW FEVER (BRAZIL), 12 November 2020, Sao Paulo, a densely inhabited state in southeast Brazil that contains the 4th most populated city in the world, recently experienced its largest yellow fever virus (YFV) outbreak in decades. Read More: <https://promedmail.org/promed-post/?id=7938764>

EBOLA UPDATE (DEMOCRATIC REPUBLIC OF CONGO), 12 November 2020, The Ebola outbreak in the northeast of the DRC, the 2nd-largest in world history, claimed the lives of 2287 of the 3324 patients affected. Read More: <https://promedmail.org/promed-post/?id=7933531>

ANTHRAX (UGANDA), 11 November 2020, The Uganda Wildlife Authority has registered over 150 deaths of wild animals due to anthrax at Queen Elizabeth National Park this year [2020]. Read More: <https://promedmail.org/promed-post/?id=7935850>

SALMONELLOSIS (CANADA), 10 November 2020, Dozens of people have contracted salmonella after eating at a restaurant in Sarnia and food truck in Corunna during October 2020, according to Lambton Public Health. Read More: <https://promedmail.org/promed-post/?id=7932450>

MENINGITIS, MENINGOCOCCAL (AUSTRALIA), 9 November 2020, A newborn baby from Adelaide has died in hospital after contracting meningococcal disease. Read More: <https://promedmail.org/promed-post/?id=7928745>

NIPAH VIRUS (BANGLADESH), 8 November 2020, The deadly Nipah virus kills nearly 75 percent of the people it infects, but the circumstances under which the bat species known as the Indian flying fox [*Pteropus medius*] transmits the virus to humans has remained a mystery. Read More: <https://promedmail.org/promed-post/?id=7926733>

BRUCELLOSIS (CHINA), 8 November 2020, More than 6000 people in Lanzhou, the capital of Gansu province in northwest China, have tested positive for a bacterial disease called brucellosis, the local government was cited as saying, in an outbreak caused by a leak at a vaccine plant over a year ago. Read More: <https://promedmail.org/promed-post/?id=7926618>

PLAGUE (DEMOCRATIC REPUBLIC OF CONGO), 8 November 2020, A new outbreak of suspected bubonic plague was reported on 29 Oct 2020 from the Aungba health zone located in the Mahagi territory, Ituri province, in northeastern DR Congo. Read More: <https://promedmail.org/promed-post/?id=7926602>

OTHER RESOURCES AND ARTICLES OF INTEREST

More information concerning Public Health and Emergency Preparedness can be found at the Office of Preparedness and Response website: <http://preparedness.health.maryland.gov/> or follow us on Facebook at www.facebook.com/MarylandOPR.

More data and information on influenza can be found on the MDH website:
<http://phpa.health.maryland.gov/influenza/fluwatch/Pages/Home.aspx>

Please participate in the Maryland Resident Influenza Tracking System (MRITS):
<http://flusurvey.health.maryland.gov>

NOTE: This weekly review is a compilation of data from various surveillance systems, interpreted with a focus on a potential BT event. It is not meant to be inclusive of all epidemiology data available, nor is it meant to imply that every activity reported is a definitive BT event. International reports of outbreaks due to organisms on the CDC Critical Biological Agent list will also be reported. While not "secure", please handle this information in a professional manner. Please feel free to distribute within your organization, as you feel appropriate, to other professional staff involved in emergency preparedness and infection control.

For questions about the content of this review or if you have received this and do not wish to receive these weekly notices, please e-mail us. If you have information that is pertinent to this notification process, please send it to us to be included in the routine report.

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Appendix 1: ESSENCE Syndrome Definitions and Associated Category A Conditions

Syndrome	ESSENCE Definition	Category A Conditions
Botulism-like	(Botulism or (DifficultyFocusing and DifficultySpeaking) or (DifficultySpeaking and DifficultySwallowing) or (DifficultySwallowing and DifficultyFocusing) or DoubleVision or FacialParalysis or GuillainBarre or Ptosis) and not GeneralExclusions	Botulism
Fever	(Chills or (FeverPlus and (Drowsiness or Seizure)) or FeverOnly or SepsisGroup or ViralSyndrome) and not GeneralExclusions	N/A
Gastrointestinal	(AbdominalCramps or AbdominalPainGroup or Diarrhea or FoodPoisoning or Gastroenteritis or GIBleeding or Peritonitis or Vomiting) and not (GeneralExclusions or Gynecological or Obstetric or Reproductive or UrinaryTract)	Anthrax (gastrointestinal)
Hemorrhagic Illness	(FeverOrChills and (AcuteBloodAbnormalitiesGroup or BleedingFromMouth or BleedingGums or GIBleeding or Hematemesis or Hemoptysis or Nosebleed or Petechiae or Purpura)) and not GeneralExclusions	Viral Hemorrhagic Fever
Localized Lesion	(Boils or Bump or Carbuncle or DepressedUlcer or Eschar or Furuncle or InsectBite or SkinAbscess or (SkinSores and not AllOverBody) or SkinUlcer or SpiderBite) and not (GeneralExclusions or Decubitus or Diabetes or StasisUlcer)	Anthrax (cutaneous) Tularemia
Lymphadenitis	(BloodPoisoning or Bubo or CatScratchDisease or SwollenGlands) and not GeneralExclusions	Plague (bubonic)
Neurological	(([Age<75] and AlteredMentalStatus) or (FeverPlus and (Confusion or Drowsiness or Petechiae or StiffNeck)) or Delirium or Encephalitis or Meningitis or UnconsciousGroup) and not GeneralExclusions	N/A
Rash	(ChickenPox or Measles or RashGeneral or Roseola or (Rubella and not Pregnancy) or Shingles or (SkinSores and AllOverBody) or Smallpox) and not GeneralExclusions	Smallpox
Respiratory	(Anthrax or Bronchitis or (ChestPain and [Age<50]) or Cough or Croup or DifficultyBreathing or Hemothorax or Hypoxia or Influenza or Legionnaires or LowerRespiratoryInfection or Pleurisy or Pneumonia or RespiratoryDistress or RespiratoryFailure or RespiratorySyncytialVirus or RibPain or ShortnessOfBreath or Wheezing) and not (GeneralExclusions or Cardiac or (ChestPain and Musculoskeletal) or Hyperventilation or Pneumothorax)	Anthrax (inhalational) Tularemia Plague (pneumonic)
Severe Illness or Death	CardiacArrest or CodeGroup or DeathGroup or (Hypotension and FeverPlus) or RespiratoryArrest or SepsisGroup or Shock	N/A

Appendix 2: Maryland Health and Medical Region Definitions

Health and Medical Region	Counties Reporting to ESSENCE
Regions 1 & 2	Allegany County Frederick County Garrett County Washington County
Region 3	Anne Arundel County Baltimore City Baltimore County Carroll County Harford County Howard County
Region 4	Caroline County Cecil County Dorchester County Kent County Queen Anne's County Somerset County Talbot County Wicomico County Worcester County
Region 5	Calvert County Charles County Montgomery County Prince George's County St. Mary's County

